



State of California  
California Environmental Protection Agency  
AIR RESOURCES BOARD  
ED – 056 (New 01/ 04)

1001 I Street  
Sacramento, Ca  
95814-2815  
(916) 322-7061

**Mail To:**

**Enforcement Division**

**Heavy-Duty Diesel Enforcement Section – Northern Division**

P.O. Box 2815  
Sacramento, CA 95812-2815  
(916) 322-8275

**Heavy-Duty Vehicle Inspection Program  
Demonstration of Correction Form**

*Directions: Please complete this form regarding repairs made to your engine. The repair receipt(s) and/or work order should include a list of the component(s) replaced, including a description of the part(s), the part number(s) and cost, and the repair(s) and/or adjustment(s) made to your engine. (See Section 2186, Title 13, California Code of Regulations listed on the back of your citation.)*

Citation #: \_\_\_\_\_  
License #: \_\_\_\_\_ License State: \_\_\_\_\_  
Repair Facility: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_  
Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Facility Type (Please Circle One):                      Owner                      Dealer                      Fleet                      Independent

Name of Mechanic: \_\_\_\_\_ Repair Date: \_\_\_\_\_

Diesel Engine Repairs	Gasoline Engine Repairs	General Repair Information
(Please use the following key: <b>A</b> – Adjusted <b>R</b> – Repaired <b>S</b> – Replaced <b>K</b> – Checked OK)		
Air Filter: _____ Governor: _____ Turbo: _____ Blower: _____ Overhead/Rack: _____ Fuel Filter: _____ Throttle Delay: _____ Fuel Injection Pump: _____ Fuel Injection Timing: _____ Fuel Injectors: _____ AFRC/Puff Limiter: _____ EGR: _____ Computer Controls: _____ Thermostat: _____ Other: _____	Positive Crankcase Vent: _____ Thermostatic Air Cleaner: _____ Air Injection System: _____ Evaporative Controls: _____ Spark Controls: _____ Carburetor: _____ Fuel Injection: _____ Early Fuel Evaporation: _____ Catalyst: _____ Fill Pipe Restrictor: _____ EGR: _____ Computer Controls: _____ Other: _____	Part Costs: _____ Labor Costs: _____ Total Costs: _____ Downtime (Days): _____ Post-Repair Opacity*: _____ %  *Please include a copy of the smokemeter test results.

**Please return this form along with a copy of your citation and any applicable civil penalties, and a clean copy of repair receipts and/or work order, to the address shown above.**

**PLEASE MAKE SURE...**

The engine identification label is in place, is accurate, and is accessible,  
The engine governor is set to appropriate specifications,  
The anti-tampering wire seals are in place,  
The engine is set to manufacturer's specifications.

**My engine is now in good mechanical repair and does not emit excessive smoke.**

\_\_\_\_\_  
Please Sign and Date